PDPM TIPS

Get to know PDPM a little more with these handy tips!

INFINITY REHAB
REACH FURTHER

CODING PDPM

When coding Section GG, Code 01, "dependent" is used when the helper does all the effort, the resident does none of the effort, and if the resident needed two or more helpers to complete the activity.

When scoring Section GG, complete all areas and do not use dashes. Missing Section GG responses will receive zero points for the function score calculation. A dash or any other non-recognized character will be considered a missing value.

Physician involvement in PDPM is crucial. Physicians (or physician extenders) are the only ones who can diagnose the resident. All five components of PDPM (PT, OT, SLP, nursing, and NTA) all have a component that rely on accurate ICD-10 coding. It is important to bring physicians into your education on PDPM, policy development, and implementation for ICD-10 coding. This will highlight the importance of their role in PDPM and enhance their participation in a successful program.

Reviewing the hospital history and physician and discharge summary is important for understanding patient needs and for accurate coding under PDPM. A timely receipt of this information is critical.

The default code under PDPM, which may be used in cases where an assessment is late, is ZZZZZ. The default code under PDPM represents the sum of the lowest per diem rate under each PDPM component plus the non-case-mix component. In cases where the default code is used, the variable per diem schedule must still be followed.

Therapy minutes are reported on the discharge MDS under Section O. Items O0425A1 – O0425C5 will be added to Section O of the MDS to record the amount of therapy a Part A patient receives during their entire SNF stay.

Per Section K0510 of the RAI manual, a mechanically altered diet is a diet specifically prepared to alter the texture or consistency of food to facilitate oral intake. Examples include soft solids, puréed foods, ground meat, and thickened liquids.

Per the RAI manual, active diagnoses are defined as a physician-documented diagnoses in the last 60 days that have a direct relationship to the resident's current functional status, cognitive status, mood or behavior, medical treatments, nursing monitoring, or risk of death during the seven-day look-back period.

If neither the BIMS nor the staff assessment is completed, then a patient will be classified under PDPM as if the patient were "cognitively intact."

IPA cannot be combined with any other assessment.

New PDPM HIPPS algorithm:

- Character 1: PT/OT Payment Group
- Character 2: SLP Payment Group
- Character 3: Nursing Payment Group
- Character 4: NTA Payment Group
- Character 5: Assessment Indicator

SKILLED REQUIREMENTS

A patient qualifies for the administrative level of care presumption if they meet any of the following criteria:

- Those nursing groups encompassed by the Extensive Services, Special Care High, Special Care Low, and Clinically Complex nursing categories
- PT and OT groups TA, TB, TC, TD, TE, TF, TG, TJ, TK, TN, and TO
- SLP groups SC, SE, SF, SH, SI, SJ, SK, and SL
- The NTA component's uppermost (12+) comorbidity group

Group therapy is defined for Part A as the treatment of two to six residents, regardless of payer source, who are performing the same or similar activities and are supervised by a therapist or an assistant who is not supervising any other individuals.

Under PDPM, there are not a required number of days of treatment per week in order to receive a certain therapy component classification. However, there is still a daily skilled care requirement for SNF Part A patients, as discussed in Chapter 8 of the Medicare Benefit Policy Manual, section 30.6.

The criteria for restorative nursing programs are unchanged under PDPM. In order to capture restorative nursing as a portion of the nursing component of PDPM, the program needs to start within the first day or two of the patient's stay (dependent upon which day is chosen for the initial assessment reference date).

The requirement for daily skilled services does not change under PDPM. "Skilled nursing services or skilled rehabilitation services (or a combination of these services) must be needed and provided on a 'daily basis,' i.e., on essentially a seven-days-a-week basis. A patient whose inpatient stay is based solely on the need for skilled rehabilitation services would meet the 'daily basis' requirement when they need and receive those services at least five days a week" (Medicare Benefit and Policy Manual, Chapter 8, Section 30).

INTERRUPTED STAY TIPS

CMS defines an interrupted SNF stay as one in which a patient is discharged from Part A-covered SNF care and subsequently readmitted to Part A-covered SNF care in the same SNF during the interruption window. When the stay is considered interrupted under the Interrupted Stay Policy, both the assessment schedule and the variable per diem payment schedule continue from the point just prior to discharge.

If an interrupted stay occurs, it is considered a continuation of the previous stay and therapy providers are not required to complete an evaluation for the purposes of PPS payment upon the patient's readmission after an interruption in a stay. A new therapy evaluation may be warranted if the patient presents a significant clinical change upon return.

PDPM RESOURCES

The RAI manual was updated! Find it at CMS.gov under Medicare, Quality Initiatives, Nursing Home Quality Initiative.

Get PDPM resources from CMS, including FAQs! Find it at CMS.gov under Medicare, Medicare Fee-for-Service Payment, Skilled Nursing Facility PPS, then select Patient-Driven Payment Model on the left side.

OTHER HELPFUL TIPS

Performing components of triple check early in a patient's stay will ensure that all necessary documentation is in place to support coding on the MDS.

Skilled documentation supports the five case-mix components of PDPM.

Collaborating and communicating among disciplines is crucial for success under PDPM.

Get more PDPM tips and resources,
including helpful videos!

InfinityRehab.com/PDPM-resource-page